

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm 2	71000	5/2/99
O.I.P.E. CLASSIFIER		12	5/5
FORMALITY REVIEW	TWWS TWWS	710976 710976	5-12-99 7-22-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	N
2	N
3	N
4	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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